

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43215

JAN 13 1942 875  
Registration District No.

Primary Registration District No. 3039

Registrar's No. 356

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Hours  
(Specify whether  
In this community 12 Hours  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nevada Hospital  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
year 1941 hour 1 minute 15 a. M.  
21. I hereby certify that I attended the deceased from Dec. 13  
1941 to Dec 14 1941;  
that I last saw her alive on Dec. 13  
and that death occurred on the date and hour stated above.

Immediate cause of death Trimaturity  
Duration 12 hrs.

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Thomas J. Dwyer (M. D. or other) MD  
Address Sheldon Mo. Date signed 1/14/42

3. (a) PRINT FULL NAME SHERRY-RAE-BOLTON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 14 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
12 hr. 12 min.

9. Birthplace Nevada Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Merle Bolton

13. Birthplace Miner Minn Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Margie Reed

15. Birthplace Pittsburg Kans  
(City, town, or county) (State or foreign country)

16. (a) Informant Merle Bolton

(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof Dec-14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Kans

18. (a) Signature of funeral director Y B. Beery & Son

(b) Address Sheldon Mo

19. (a) 12-18-41 (b) Allen C. Hoyle  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2117

Date Filed 1-7-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

was not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Carroll T. Beery

Licensed Embalmer No.

2385

P. O. Address

Sheldon Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**